PTO/SB/06 (07-06)

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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 10/625,240			ing Date 22/2003	To be Mailed	
APPLICATION AS FILED – PART I (Column 1) (Column 2) SMALL ENTITY □										OTHER THAN OR SMALL ENTITY		
Н	FOR	Т,			MBER EXTRA		RATE (\$)	FEE (\$)	<u> </u>	RATE (\$)	FEE (\$)	
	BASIC FEE (37 CFR 1.16(a), (b),	or (c))	N/A		N/A	ı	N/A		1	N/A		
	SEARCH FEE (37 CFR 1.16(k), (i), (i)		N/A		N/A	i	N/A		1	N/A		
	EXAMINATION FE	Ε	N/A		N/A		N/A		1	N/A		
	FAL CLAIMS CFR 1.16(i))		minus 20 = *				x \$ =		OR	x s =		
IND	EPENDENT CLAIM CFR 1,16(h))	s	minus 3 = *			ı	x \$ =		1	x \$ =		
	APPLICATION SIZE (37 CFR 1.16(s))	FEE she is \$2 add	ets of pap 250 (\$125 tional 50	gs exceed 100 in size fee due for each in thereof. See CFR 1.16(s).								
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))												
* If the difference in column 1 is less than zero, enter "0" in column 2.							TOTAL]	TOTAL		
APPLICATION AS AMENDED – PART II OTHER THAN (Column 1) (Column 2) (Column 3) SMALL ENTITY OR SMALL ENTITY												
AMENDMENT	11/02/2007	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1.18())	· 19	Minus	 20	= 0		x \$ =		OR	X \$50=	0	
	Independent (37 CFR 1,16(h))	• 3	Minus	 3	= 0		x \$ =		OR	X \$210=	0	
	Application Size Fee (37 CFR 1.16(s))											
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR			
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	0	
(Column 1) (Column 2) (Column 3)												
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1,16(i))		Minus		=	l	x \$ =		OR	x s =		
M	Independent (37 CFR 1,16(h))	*	Minus	***			x \$ =		OR	x \$ =		
	Application Size Fee (37 CFR 1.16(s))]			
AM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR			
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE		
"If the entry in column 1 is less than the entry in column 2, write "or in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, orter "20". Debra R. Wyatt												

This collection of information is equated by 37 CER. 1.16. The information is required to obtain or retain a besteff by the public which his lost figured by the USFTO to monoceasil an implication. Confidentiality is ownered by 80 Sec. 22 and 37 CEF 1.15. This collection is estimated in table 22 annuates to complete, another ingolates properties, and submitting the completed application form to the USFTO. Time well vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or seggestions for reducing this burdon, should be sent to the CEM information Officer. U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandrias, VA 2213-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandrias, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS